

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16074
Registrar's No. 18

Registration District No. 869

Primary-Registration District No. 62-51 45 3 8

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Piedmont
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)
In this community 30 years

3. (a) PRINT FULL NAME Nora Mae Meador,

3. (b) If veteran, name war / 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Meador 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 26, 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name John De Gear,
13. Birthplace Missouri.
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Collins,
15. Birthplace Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Waller,

(b) Address Piedmont,

17. (a) Burial (b) Date thereof April 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flatwoods Cemetery.

18. (a) Signature of funeral director F. B. Yates,

(b) Address Piedmont, Mo.

19. (a) April 14, 1944 (b) Mr. Lott's Mamma
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1944 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 31 1944 to April 1st 1944
that I last saw h her alive on March 31, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Arteriosclerosis

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. C. Giles (M. D. or other) /
Address Piedmont Mo. Date signed 4-17-44

RECEIVED

District Health Officer No. 4

District File Number 544-373

Date Filed 5-5-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Seaton Pawitt

Licensed Embalmer No.

2287

P. O. Address

Van Buren

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.